

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		49652	
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim		Date	
Final	Original		
1	✓	4/4/02	
2	✓	11/21/02	
3	✓	9/14/03	
4	✓		
5	✓		
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48	✓		
49	✓		
50	✓		

Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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If more than 150 claims or 10 actions  
staple additional sheet here

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